

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000035918

Entity Name: CNS SURGICAL LLC

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1401 N. NEW YORK AVE.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

430 E PACKWOOD AVE  
D203  
MAITLAND, FL 32751 US

**Current Mailing Address:**

1401 N. NEW YORK AVE.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

430 E PACKWOOD AVE  
D203  
MAITLAND, FL 32751 US

FEI Number: 27-2253746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33688 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAND, CHRISTOPHER N  
Address: 430 E PACKWOOD AVE APT D203  
City-St-Zip: MAITLAND, FL 32751 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER N SAND

MGR

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date